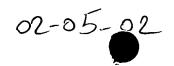
ħ,



UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37CFR§1.53(b))

Attorney Docket No. | 7783.027

First Inventor or Application Identifier

Marshall D. Crew

PHARMACEUTICAL COMPOSITIONS OF CHOLESTERYL ESTER
TRANSFER PROTEIN INHIBITORS

Express Mail Label No. EL915421485US

APPLICATION ELEMENTS U.S. Patent and Trademark Office ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. P.O. Box 2327 Arlington, VA 22202 CD-ROM or CD-R in duplicate, large table, or Computer *Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing) Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission Applicant claims small entity status (if applicable, all necessary) See 37 C.F.R. 1.27 255 a. Computer Readable Form (CRF) 3. Specification pages b. Specification Sequence Listing on (preferred arrangement set forth below) i. CD-ROM or CD-R (2 copies) or - Descriptive Title of the Invention - Cross References to Related Applications ii. 🔲 paper - Statement Regarding Federally Sponsored R&D - Reference to sequence listing, a table or a computer c. Statement verifying identity of above copies program listing - Background of the Invention ACCOMPANYING APPLICATION PARTS - Brief Summary of the Invention - Brief Description of the Drawings (if filed) Assignment Papers (cover sheet & document(s)) - Detailed Description 10. 37 C.F.R. §3.73(b) Statement Power of Attorney - Claim(s) - Abstract of the Disclosure (when there is an assignee) 11. English translation document (if applicable) 4. Drawing(s) (35 U.S.C. 113) (Total Pages 12. Information Disclosure Copies of IDS Citations 5. Oath or Declaration [Total Pages Statement (IDS) /PTO 1449 a. Newly executed (original or copy) (UNSIGNED) 13. Preliminary Amendment b. Copy from a prior application (37 C.F.R. §1.63(d)) 14. Return Receipt Postcard (MPEP 503) (should be specifically itemized) (for continuation/divisional with Box17 completed) Certified Copy of Priority Document(s) (if foreign priority is claimed) I. Deletion of Inventor(s) Signed statement attached deleting inventor(s) 16. Request and Certification under 35 U.S.C. 122 (b)(2)(B) (i) named in the prior application, see 37 C.F.R. Applicant must attach form PTO/SB/35 or its equivalent. §§1.53(d)(2) and 1.33(b) 17. Other Certificate of Mailing by Express Mail 6. Application Data Sheet. See 37 C.F.R. 1.76 No. EL915419485US 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 C.F.R. 1.76. Continuation-in-part (CIP) of prior application No.: 09 / 918,127 Continuation □ Divisional Prior application information: Examiner Group No./Art Unit For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS 000152 Customer Number or Bar Code Label or Correspondence address below (insert customer number or attach bar code label here) Name Bruce W. DeKock Address 601 SW Second Ave., Ste 1600 City Portland State OR Zip Code 97204-3157 Telephone FAX 503.228.4373 503.227.5631 Country USA Bruce W. DeKock Registration No. (Attorney/Agent) 40.585 Name (print/ type) February 1, 2002 Date Signature



FEE TRANSMITTAL for FY 2002

Group/ Art Unit		
Examiner Name		
First Named Inventor	Marshall D. Crew	
Filing Date	(concurrently herewith)	
Application Number	CIP of 09/918,127	
	Complete If Known	

Patent fees are subject to annual revision.		First Named Inventor Marshall D. Crew						
·		Examiner Name						
		Group	/ Art U	Jnit				
TOTAL AMOUNT OF PAYMENT \$1,752		Attorne	ev Doo	cket No.	7783.027			
			,					
METHOD OF PAYMENT (check one)	2.40	DITION			E CALCULATION	(continued)		
1. X The Commissioner is hereby authorized to charge the		DITIONA						
indicated fees and credit any over payments to:	Large	•	Small	•				
Deposit Account Number 03-1550	Fee Code	Fee (\$)	Fee Code	Fee Fe	ee Description			Fee Paid
Deposit Account Name Chernoff Vilhauer McClung & Stenzel	1		205		harna lata filin	a foo or onth		
Charge any additional fee required under 37 CFR 1.16 & 1.17	105	130	205	05 31	urcharge - late filin	g lee or oan		
Applicant claims small entity status. See37CFR 1.27		50	227		urcharge-late provi heet	isional filing fee	e or cover	.
	139	130	139		lon-English specific	cation		
2. 🛭 Payment Enclosed								
☑ Check ☐ Credit Card ☐ Money Order ☐ Other	147	2,520	147	2,520 F	or filing a request f	or ex-parte ree:	xamination	
	112	920*	112		lequesting publicat ction	ion of SIR prior	to Examiner	
FEE CALCULATION							_	
1. BASIC FILING FEE	113	1840*	113		tequesting publicat ction	ion of SIR after	Examiner	
Large Entity Small Entity	115	110	215		xtension for reply v	vithin first mont	h	
Fee Fee Fee	116	400	216	200 E	xtension for reply v	vithin second m	nonth	
Code (\$) Code (\$) Fee Description Fee Paid	117	920	217	460 E	xtension for reply v	vithin third mon	ith	
101 740 201 370 Utility filing fee \$740	118	1,440	218	720 E	xtension for reply v	vithin fourth mo	onth	
106 330 206 165 Design filing fee	128	1,960	228	980 E	xtension for reply v	vithin fifth mont	h	
107 510 207 255 Plant filing fee	119	320	219	160 N	lotice of Appeal			
108 740 208 370 Reissue filing fee	120	320	220	160 Fi	iling a brief in supp	port of an appea	al	
114 160 214 80 Provisional filing fee	121	280	221	140 R	tequest for oral hea	aring		
SUBTOTAL (1) \$740	138	1,510	138	1,510 P	etition to institute a	a public use pro	ceeding	
2. EXTRA CLAIM FEES	140	110	240	55 P	etition to revive - u	navoidable		
Fee from Fee	141	1,280	241	640 P	etition to revive - u	nintentional		\square
Extra Claims below Paid	142	1,280	242	640 U	Itility issue fee (or r	eissue)		
Total Claims 42 -20** = 22 x 18 = 396	143	460	243		esign issue fee			
Indep. Claims 7 - 3** = 4 x 84 = 336	144	620	244		lant issue fee			
Multiple Dependent YES 280 = 280	122	130	122		etitions to the Com			
or number of previously paid, if greater. For reissues, see	123	50	123		Processing fee unde		• •	<u> </u>
below.	126	180	126		Submission of Inform			
Large Entity Small Entity	581	40	581		Recording each pate times number of pr		per property	—
Fee Fee Fee Fee Code (\$) Code (\$) Fee Description	l			ν.	and named of pr	op o oo ,		
Code (4) Code (4) The Description	146	740	246		iling a submission 37 C.F.R. 1.129(a)		tion	
103 18 203 9 Claims in excess of 20				(3	37 C.F.R. 1.129(a);	,		
102 84 202 42 Independent claims in excess of 3	149	740	249		or each additional		examined	
104 280 204 140 Multiple dependent claim, if not	170	740	270		37 C.F.R. 1.129(b)) Request for Continu		n (PCE)	
. 104 280 204 140 Multiple dependent claim, if not paid	179	740	279	370 K	request for Commu	ICO EXAMINIACIO	ii (NOL)	1 1
109 84 209 42 **Reissue independent claims over original patent	169	900	169		Request for expedite police properties	ed examination	of a design	
110 18 210 9 Reissue claims in excess of 20	Other	(specify))					
and over original patent							Ш-	
SUBTOTAL (2) \$1,012 * Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$0								
SUBMITTED BY Complete (if applicable)								
Name (print type) Bruce W. DeKock Registration No. 40,585 Telephone (503) 22						7-5631		
W			-					
Signature	<i>h</i> .	11	9	1	7	Date	February 1,	2002

CERTIFICATE OF TRANSMITTAL UNDER 37 CFR §§ 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

		,,,,,,	•	•					
⊠	deposited with the United States Postal Service in an envelope addressed to: U.S. Patent & Trademark Office, BOX PATENT APPLICATION, P.O. BOX 2327, Arlington, VA 22202 with sufficient postage as first class mail								
	\boxtimes	as "Express Mail Post Office to Address	see" - mailing label no.	EL915421485US					
	trai	nsmitted by facsimile to the Patent and	Trademark Office.						
Dat	æ:	February 1, 2002	A Thegas Signatur	e Holy					
			Dwight Bergguist-Mo	odv					

Name of person certifying (type or print)